

1399.85. Patient Records

(a) A physical therapist shall document in the patient record the following:

- (1) Examination and re-examination
- (2) Evaluation, when the patient is to be reevaluated and the reevaluation
- (3) Diagnosis
- (4) Prognosis and intervention
- (5) Treatment plan and modification of the plan of care
- (6) Each treatment provided.
- (7) Discharge summary.

Each entry shall be dated and signed by the treating physical therapist. Adjacent to the treating physical therapist's signature or at least on every page if there are multiple entries on a single page shall be the printed or stamped name of the treating physical therapist.